STATE OF SOUTH CAROLINA)		
(Caption of Case)	BEFORE THE PUBLIC SERVICE COMMISSION		
Example: Application for a Class C Charter Certificate from) OF SOUTH CAROLINA		
John Doe dba Doe's Limo	TRANSPORTATION COVER SHEET		
ADDUCATION FOR A CLASS C) TRANSFORTATION COVER SHEET		
APPLICATION FOR A CLASS C CHARTER CERTIFICATE	DOCKET		
FROM ZATIEN WEINERT DBA) NUMBER:		
COAST TRANSPORTATION LLC	If this is your first time filing an application with the PSC, you will not		
•	have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned		
(Please type or print)	and should be entered above.		
Submitted by: ZATDEN WEINER-T	Telephone: <u>843-304-4528</u>		
Address: 119 PICKETT CREEK LN.	_ Fax:		
BLUFFTON SC. 29909	Other: ZTPRODUCE CGMAIL COM		
	Email: COASTTRANSPORTATION COOTION		
NOTE: The cover sheet and information contained herein neither replace as required by law. This form is required for use by the Public Service	es nor supplements the filing and service of pleadings or other papers		
be filled out completely.	Somminoscon of Boular Carolina for the purpose of docketing and must		
NATURE OF ACTION	(Check all that apply)		
Application - Class A/A Restricted	Request for Name Change on Certificate		
Application - Class C Taxi	Request to Amend Scope of Authority		
Application - Class C Charter	Request to Amend Tariff (rate increase, etc.)		
Application - Class C Charter Bus	Request to Amend Passenger Limit		
Application - Class C Non-Emergency	Request		
Application - Class C Stretcher Van	Exhibit Q		
Application - Class B Household Goods	Late-Filed Exhibit		
Application - Class E Hazardous Waste	Letter		
Application	Proposed Order		
Request for Extension to Comply with Order	Publisher's Affidavit		
Request for Order Granting Authority to Obtain a Certificate	Reservation Letter		
of Public Convenience and Necessity to be Rescinded	Response		
Request for Cancellation of Certificate	Return to Petition		
Request for Suspension RECE	IVED Other:		
Request for Reinstatement DEC 0	2024		
BEC 0	3 4021		

If you have any questions about this form, please contact SUBLIC SERVICE COMMISSION at 803-896-5100.

MAIL / DMS

ACCEPTED FOR PROCESSING - 2021 December 2 1:21 PM - SCPSC - 2021-367-T - Page 2 of 17

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

101 Executive Center Drive, Suite 100 Columbia, South Carolina 29210

Phone: (803) 896-5100

Fax: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR OPERATION OF MOTOR VEHICLE CARRIER

	Date: 11 26 21
C	LASS C - CHARTER
A of	pplication is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.
1.	COAST TRANSPORTATION LLC. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name
	119 PICKETT CREEK LN BLUFFTON SC. 29909
,	Street Address of Applicant Same as ABove Mailing Address of Applicant (if different from street address)
	843-304-4528 Phone Fax
	COASTTRANS PORTATION COUTLOOK. COM OR ZTPRODUCE Email Address GMAIL.C
2.	If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)
3.	Select Entity Type: (Check one) Individual Owner/Sole Proprietorship
	Partnership - List names and addresses of all person having an interest in the business.
	Corporation - List names and addresses of two principal officers.
	ZAYPEN WEINERT SOLE OWNER

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

Financial Statement

Applicant's assets and liabilities are as follows:

Assets:		Liabilities:		
Value of Real Estate	450,000	Mortgage/Loan on Real Estate	185,000	
Value of Motor Vehicles	55,000	Loans Owed on Motor Vehicles	53,789	
Cash on Hand	8100	Business/Other Loans Owed	7,500	
Cash in Bank	2,000	Other Liabilities or Debts	7,000	
Value of Other Assets and Equipment	10,000	Total Liabilities	253,289	
Total Assets	525,000			

INSTRUCTIONS:

- 1. "Value of Real Estate" means the actual or estimated market value of any real property/buildings owned by the Company/Business Applying for a Certificate.
- 2. "Mortgage/Loan on Real Estate" means the outstanding balance on any Mortgage, Equity Line or other Loan secured by the Real Estate listed in Item 1.
- 3. "Value of Motor Vehicles" means the actual or fair estimated value of any moving vans, trucks or other vehicles owned by the Company/Business Applying for a Certificate.
- 4. "Loans Owed on Motor Vehicles" means the outstanding balance on any loans or liens on the vehicles listed in Item 3.
- 5. "Cash on Hand" is the total of actual cash held by the Company/Business applying for a Certificate on the day this form is filled out.
- 6. "Business/Other Loans Owed" means the outstanding balance on any small business loan or other unsecured loan made by a person, bank or business to the Business/Company applying for a Certificate.
- 7. "Cash in Bank" means the current balance in checking accounts, savings accounts or the like in the name of the Company/Business applying for a Certificate. Do not include retirement accounts or personal bank account balances.
- 8. "Value of Other Assets and Equipment" should include the actual or estimated value of items such as office equipment (computers/furnishings), moving equipment (hand trucks/blankets/strapping), and trailers.
- "Other Liabilities or Debts" means specific amounts/balances which the Company/Business applying for a Certificate knows that it owes to other persons or companies; for example Franchise Fees. This does NOT include regular bills such as electricity bills, security system costs, insurance, salaries, etc.

PROPOSED RATES AND CHARGES FOR SERVICE

Proposed Rates and Charges:

AIRPORT TRAHSPORT 156.00 HOURLY RATE 80.00

Requested Scope of Authority: Check all counties in which you are requesting permission to operate. You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

Abbeville	Cherokee	Florence	Lee	Saluda
Aiken	Chester	Georgetown	Lexington	Spartanburg
Allendale	Chesterfield	Greenville	Marion Marion	Sumter
Anderson	Clarendon	Greenwood	Mariboro	Union
Bamberg	Colleton	Hampton	McCormick	Williamsburg
Barnwell	Darlington	Horry	Newberry	York York
Beaufort	Dillon	Jasper	Oconee	
Berkeley	Dorchester	Kershaw	Orangeburg	Statewide
Calhoun	Edgefield V	Lancaster	Pickens	
Charleston	Fairfield	Laurens	Richland	

DESCRIPTION OF EQUIPMENT

You are not required to own a vehicle to file an application. However, prior to being issued a certificate by ORS, you will be required to have obtained a vehicle.

Maximum Number of Passengers Vehicle is Equipped to Carry: (The number of passengers a vehicle is equipped to carry is based on the number of seatbelts in the vehicle, including the driver's seatbelt.)

	1-7 Passengers, including driver
Ø	8-15 Passengers, including driver

MAKE	YEAR & MODEL	VIN#	EMPTY WEIGHT
CHEVROLET	7 2018 SOBIO	RBAN -MAN	5,616165
		IGNSKIKC3	
`	18		
			*
		5	
	17	8	

INSURANCE QUOTE

This form MUST BE COMPLETED.

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. THIS IS ONLY A QUOTE.

The following insurance quote is for:
ZATOEH & LORI WEHER T (COAST TRANSPORT
119 PICKETT CREEK LM BUFFTON SC. 29909 Address of Applicant
Amount of Premium: Limits Quoted: (See Below)
Liability Insurance \$ 50,000 100,000 50,000 Limits 50,000 100,000 50,000 The above quoted premium is for a term of 12 months. SEE ATTACHED Minimum Limits - Intrastate Only:
1-7 Passengers* \$ 25,000/50,000/25,000 * Passengers = Number of seatbelts in the vehicle, including the driver's seatbelt 8-15 Passengers* \$ 25,000/100,000/25,000 .
PROGRESSIVE INSURANCE Name of Insurance Company
6300 WILSOH MIUS RD MAYFIELD OH 44143 Home Office Address of Company

I, the Applicant, am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

NOTICE:

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact the Department of Motor Vehicles at (803) 896-8457 or (803) 896-9903.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.

Exhibit Fit, Willing, and Able (FWA)

		ZA-DEN	WEINE Name of Ar	ERT		
			Name of Ap	plicant		
1	. Are there currently any o	utstanding judgme	ents against the	Applicant?		-
		≫ No		**		
	If Yes, list judgements h	ere:		50		
				.03		
2.	Is Applicant familiar with	all statutes and re	egulations, inch	iding safety regulation	ons and governing for-hire	: moi
	carrier operations in Soutstatutes and regulations?	u soum Carolina,	anu does Appli	cant agree to operate	in compliance with these	
	Yes	O No				

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated

O No

therewith?

Exhibit on Driver Qualifications

1.	Applicant understands that	all d	rivers must be a minimu	um of 18 years of age.
	Yes Yes	0	No	
			2	
				# # # # # # # # # # # # # # # # # # #
2.	Applicant understands that and such record from the D be maintained in the Applic	MV	of the state in which the	's three (3) year driving record issued by the SC DMV driver is or has been domiciled for such period must
	Yes	0	No	
3.	Applicant understands that must be maintained in the	a cri Appli	minal history backgroun cant's business office.	d check from the state where the driver currently lives
	X Yes	0	No	
1.		ating		e under a Class C Certificate must have in d driver's license issued by the SC DMV or the current
	Yes	0	No	
5.	Applicant understands that vehicles to drivers who are State Law Enforcement Div	regis	tered, or required to be r	rs are prohibited from employing or leasing registered, as sex offenders with the South Carolina of sex offenders.
	Yes	0	No	
				X

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA 101 EXECUTIVE CENTER DRIVE, SUITE 100 COLUMBIA, SOUTH CAROLINA 29210

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 2, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

Please check the applicable box:

The Applicant AGREES to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the email address as it appears on page one of this Application. To sign up for eService notifications, please visit www.psc.sc. gov to create a My DMS account.

The Applicant DOES NOT AGREE to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

CONTRACTOR OF THE PROPERTY OF

Title of Applicant (e.g. President, Owner, etc.)

pplicants Signature

STATE OF SOUTH CAROLINA

COUNTY OF BOOL FOR

SWORN TO BEFORE ME

day of November, 2021

Rufa Synn Hortenco

Commission Expires 05/06/20

Print Application

Business Entities Online

Coast Transportation LLC

Coast Tran	nsportation LLC	
Corporate Information	Important Dates	
Entity Type: Limited Liability Company	Effective Date: 11/22/2021	
Status: Good Standing	Expiration Date: N/A	
Domestic/Foreign: Domestic	Term End Date: N/A	
Incorporated State: South Carolina	Dissolved Date: N/A	
Registered Agent		
Agent: Registered Agents Inc.		
Address: 6650 Rivers Ave. STE 100		
Charleston, South Carolina 29406		

For filing questions please contact us at 803-734-2158

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INITIAL RESOLUTIONS

I, <u>F</u>	Riley Park	, of	Regist	ered Agents inc.	being the
_	anizer of Coast			a South Carolina	Limited Liability
Com	npany, hereby re ot the following re	solve to relinquish s esolutions:	igning au	thority to the Member	named below and
I.	Resolved, the	named Member of th	ne Limited	Liability Company are	hereby named:
		Zayder	Weinert		
II.	Resolved, that in the State of	Coast Transportation L South Carolina		was organized on ned filing number 2111	
			Mid i dooly	ried mility fidiliber 2111.	22-1243043
III.	Resolved, tha Liability Compa	t the copy of the Art any is complete.	icles of (Organization of the abo	ove named Limited
IV.	included as off adopt a more of	icial records of the Li	mited Lia eement, t	n operating agreemer bility Company. If the n hen such agreement w ng agreement.	nember chooses to
v.	the full extent member's failu	of their limitation of	f liability ties of a li	mited liability company pursuant to state law mited liability company	. Furthermore, the
				V	
	Rilmy	Park	5.	11/22/20	21
	Organizer			Date	

LLC MEMBERSHIP CERTIFICATE

Coast Transportation LLC

Such benefits are subject to the membership duties and obligations set forth in the Limited Liability Company operating agreement. This certifies that ZATDEN WEINERT 23 FD day of 140VEMBER 2021 A.D. Organized in South Carolina This named Limited Liability Company has caused this certificate to be executed by its members this of HOVE made 2021 A.D. ZATOEH WENTER LOVE WILLIAM TO LOVE WILLIAMS interest of the above named company, which is entitled to the full benefits of such membership. is a member of the above named Limited Liability Company, and holds a 100 % has a total of Company Name member(s) at

Named Member

witness and, or member

if sold: to transfer the allocated interest in the books of the named Limited Liability Company with full power of substitution. Seller ਣੂ represented within this certificate, and appoint received, i, Newly named member % of the membership interest self and transfer unto Signature and natio Witness

INITIAL RESOLUTIONS

I,	Riley Park	, of	Registered Agents Inc.	being the
Co	ganizer of Coas empany, hereby re opt the following re	esolve to relinquish si	, a <u>South Carolina</u> gning authority to the Member	Limited Lighilit
I.	Resolved, the	e named Member of the	e Limited Liability Company are	hereby named:
	40	Zayden	Weinert	
II.	Resolved, the in the State of	Coast Transportation LL South Carolina W	.C was organized on with assigned filing number 21112	
III.			cles of Organization of the abo	
ĮV.	adopt a more of	ncial records of the Lin detailed operating agre	ons of an operating agreemen nited Liability Company. If the m ement, then such agreement wi I operating agreement.	ember chooses to
V.	member's failu	of their limitation of	med a limited liability company, liability pursuant to state law. les of a limited liability company ate law.	Furthermore the
	Rilm	Per	11/22/202	01
	Organizer	- The Third	Date	<u> </u>

Progressive P.O. Box 94739 Cleveland, OH 44101



Coast Transportation LLC 119 PICKETT CREEK LANE BLUFFTON, SC 29909 Underwritten by.
Progressive Northern Insurance Co
November 29, 2021
Policy Period Nov 29, 2021 - Nov 29, 2022
Page 1 of 3
Customer Phone number: 1-843-304-4528

Commercial Auto Insurance Quote

Dear Coast Transportation LLC,

Thank you for your interest in Progressive.

We're excited about the opportunity to work with you. Below you'll find a quote that's custom-designed around your needs. Our goal is to give you the best and most competitively priced coverage for your business.

What you get

You get affordable rates, savings opportunities for safe driving, and nationally recognized claims service that keeps you and your business on the road and in business. Most importantly, you get the peace of mind that comes with Progressive's responsive, comprehensive approach to customer service.

By becoming a Progressive customer, you join a confident group of business owners who expect the most from their insurance company. You're important to us. That's why we're here for you 24 hours a day, seven days a week. Whether you need to update your policy, report or check the status of a claim, or simply ask a question, call us at 1-888-814-6494, or you can visit us online at progressive commercial.com.

How you get it

If you're comfortable with your quote, please visit us online at progressivecommercial.com or call us any time at 1-888-814-6494 to purchase your policy. And thank you again for thinking of us. We hope we can serve you and your commercial auto needs.

Policy information

Business: Taxi Service

Quote for 12 month policy period

If you pay your premium in full, you will receive a discount as shown.

Total policy premium	\$3,791.00
Paid in full discount	-328.00
Policy premium if paid in full	\$3,463.00

Payment plans

Electronic Funds Transfer (EFT) assures that your payment is on time. Each payment includes a \$3.00 installment fee,

Payment plan	Total premium	Initial payment	Payments
11 Payments, 9.09% Down	\$3,791.00	\$369.15	9 payments of \$345.19 and 1 of \$345.14
10 Payments, 10.0% Down	\$3,791.00	\$403.40	9 payments of \$379.40
11 Payments, 12.50% Down	\$3,791.00	\$497.50	10 payments of \$332.35
11 Payments, 16.67% Down	\$3,791.00	\$654.46	9 payments of \$316.66 and 1 of \$316.60
10 Payments, 20.0% Down	\$3,791.00	\$779.80	8 payments of \$337.58 and 1 of \$337.56
6 Pay, Seasonal, 20.0% Down	\$3,791.00	\$779.80	5 payments of \$605.24



10 Payments, 25.0% Down	\$3,791.00	\$968.00	8 payments of \$316.67 and 1 of \$316.64
4 Pay, Seasonal, 25.0% Down	\$3,791.00	\$968.00	3 payments of \$944.00
2 Payments, 50.0% Down	\$3,791.00	\$1,909.00	1 payments of \$1,885.00
Make payments by mail	or at progressivecor	nmercial.com. Each payn	nent includes a \$6.00 installment fee.

Payment plan	Total premium	Initial payment	Payments
1 Payment	\$3,463.00	\$3,463.00	None
11 Payments, 9.09% Down	\$4,070.00	\$394.51	9 payments of \$373.55 and 1 of \$373.54
10 Payments, 10:0% Down	\$4,070.00	\$431.30	9 payments of \$410.30
11 Payments, 12.50% Down	\$4,070.00	\$532.38	9 payments of \$359.77 and 1 of \$359.69
11 Payments, 16.67% Down	\$4,070.00	\$700.97	9 payments of \$342.91 and 1 of \$342.84
11 Payments, 20.0% Down	\$4,070.00	\$835.60	10 payments of \$329.44
10 Payments, 20.0% Down	\$4,070.00	\$835.60	8 payments of \$365.38 and 1 of \$365.36
б Pay, Seasonal, 20.0% Down	\$4,070.00	\$835.60	5 payments of \$652.88
10 Payments, 25.0% Down	\$4,070.00	\$1,037.75	8 payments of \$342.92 and 1 of \$342.89
4 Pay, Seasonal, 25.0% Down	\$4,070.00	\$1,037.75	3 payments of \$1,016.75
4 Pay, Quarterly, 25.0% Down	\$4,070.00	\$1,037.75	3 payments of \$1,016.75
2 Payments, 50.0% Down	\$4,070.00	\$2,048.50	1 payment of \$2,027.50
Outside Premium Financing	14,070.00	\$4.070.00	None

To purchase insurance

Please review the information on your quote for accuracy; incomplete and inaccurate information could affect your rate. These rates are subject to verification of information. If you have any questions or would like to purchase a Progressive policy, please call Progressive at **1-800-895-2886**. Your coverage will begin once your initial payment has been received. Thanks again for the opportunity to work with you.

Rated drivers

The insured declares that no persons other than those listed in this application are expected to operate, even occasionally, the vehicle(s) described in this application.

	Cate		
	of		Additional
Name	Birth	Points	information
Zayden Weinert Lori Weinert	***************************************		

Outline of coverage

Description	Limits	Deductible	Premium
Liability To Others			\$1,142
Bodily Injury Liability Property Damage Liability	\$50,000 each person/\$100,000 each accident \$25,000 each accident		
Uninsured Motorist			253
Bodily Injury Property Damage	\$50,000 each person/\$100,000 each accident \$25,000 each accident	\$200	
Underinsured Motorist			270
Bodily Injury Property Damage	\$50,000 each person/\$100,000 each accident \$25,000 each accident	\$0	
Medical Payments	Rejected	**********************	
Comprehensive			480
See Auto Coverage Schedule	Limit of liability less deductible		
Callision			1,532
See Auto Coverage Schedule	Limit of liability less deductible		
Rental Reimbursement			71
See Auto Coverage Schedule			



Coast Transportation LLC Page 3 of 3

Roadside Assistance	16
See Auto Coverage Schedule	
Subtotal policy premium	\$3,764
State Filing Fee	25
UM Fund Fee	2
Total 12 month policy premium and fees	\$3,791

Auto coverage schedule

2018 CHEVROLET SUBURBAN Stated Amount: *\$55,000 (including Permanently Attached Equip)
 VIN: 1GNSKJKC3JR175072 Gataging Zip Code: 29909 Radius: 50 miles
 Personal use: Y Body type: Sport Utility Vehicle

Liability	Liability Premium	Ut/l Premium	UBM Premium		
Premium	\$1142	\$253	\$270		
Physical Damage	Comp/Glass Deductible	Comp/Glass Premium	Collision Deductible	Collision Premium	
Premium \$1,000/\$0	\$1,000/\$0	\$480	\$1,000	\$1532	
Other Coverages	Rental Limit	Rental Fremium	Roadside Limit	Roadside Premium	Auto Total
	\$50 per day Max \$1,500	\$71	Selected	\$16	\$3,764

[&]quot;A vehicle's stated amount should indicate its current retail value, including any special or permanently attached equipment. In the event of a total loss, the maximum amount payable is the lesser of the Stated Amount or Actual Cash Value, less deductible. Be sure to check stated amount at every renewal in order to receive the best value from your Progressive Commercial Auto policy.

Premium discount

Policy

Electronic Funds Transfer

Please review all the information on your quote for accuracy. Incomplete or inaccurate information could alter your rate, and rates are subject to verification. If you have any questions, please call us at 1-888-814-6494.

Form QUOTE (03/17)

- 1. Notarized Class C Charter Application
- 2. LLC Certificate of existence
- 3. Insurance quote

Thank you so much for your attention to my request.

Zayden Weinert (843)-304-4528 119 Pickett Creek Ln Bluffton SC, 29909 coasttransportation@outlook.com

RECEIVED

DEC 02 2021

PSC SC
MAIL/DMS